

ATTACHMENT A

UNIVERSITY HOSPITALS HEALTH SYSTEM
EMPLOYEE ASSISTANCE PROGRAM
REFERRAL FORM

Employee: Frank Dundee Position: Night Pharmacist Date: 6/26/2017 Cell Phone: 330-398-8274

You are being referred to the EMPLOYEE ASSISTANCE PROGRAM (EAP) because of the concerns noted below. EAP services are confidential, in compliance with the law. Your supervisor will be told only whether you kept the appointment, and whether you complied with the EAP recommendations. Your supervisor will not be told what was discussed unless you specifically authorize it and sign a release of information specifying the information to be released. Information from EA may be shared without a release and authorization in response to state or federal statute/regulation (e.g. Homicidal/suicidal ideation; child and elder abuse/neglect), a court ordered subpoena or an official investigation by a government agency.

- ☐ A Tier 1 Mandatory Referral has been made to EAP for the following reason:
- ☐ Fitness for Duty
 - ☐ Violent, hostile, or reckless behavior that endangers the safety of others or that causes others to fear for their safety
 - ☐ Reasonable suspicion of drug/alcohol use including evidence of drug diversion.

Please phone EAP at 216-844-4948 to confirm your scheduled appointment on _____.

- ☒ A Tier 2 Mandatory Referral has been made to EAP for the following job performance concern(s):
- ☐ Attendance issues
 - ☒ Conflicting work relationship
 - ☐ Deteriorating job performance
 - ☐ Other _____

Please phone EAP at 216-844-4948 within 5 business days of today's date, to schedule an appointment.

Explanation of counseling, anecdotal, corrective actions or other concerns relative to the above-checked concerns:

My supervisor has explained the reason for this EAP referral. I understand that my supervisor will be notified whether I keep my appointment and whether I comply with the EAP recommendations. I have been given a copy of this form.

Employee Signature: [Signature] Date: 6.26.17
 Supervisor Signature: Rachael Lerman Dept: Rx Cell Phone: 216-333-5903
 EAP Counselor Signature: _____ Date: _____

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|--|--|
| <input type="checkbox"/> Employee attended EAP session | <input type="checkbox"/> Employee did not attend EAP session |
| <input type="checkbox"/> Employee complied | <input type="checkbox"/> Employee did not comply |